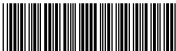


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|---|--|--|
| Issue Classification  | Application/Control No. 10573189 | Applicant(s)/Patent Under Reexamination ONO ET AL. |
| | Examiner CHARLES SHEDRICK | Art Unit 2617 |

| ORIGINAL | | | | | | INTERNATIONAL CLASSIFICATION | | | | | | | | | | | | |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS | | SUBCLASS | | | | CLAIMED | | | | | NON-CLAIMED | | | | | | | |
| 370 | | 328 | | | | H | O | 4 | W | 4 / 00 (2009.01.01) | | | | | | | | |
| CROSS REFERENCE(S) | | | | | | | | | | | | | | | | | | |
| CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | | | | | | | | | | | | | |
| 370 | 338 | | | | | | | | | | | | | | | | | |
| 455 | 11,1 | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 | | | | | | | | | | | | | | | |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1 | 1 | | 17 | | | | | | | | | | | | |
| 2 | 2 | | 18 | | | | | | | | | | | | |
| | 3 | | 19 | | | | | | | | | | | | |
| | 4 | | 20 | | | | | | | | | | | | |
| 2 | 5 | 7 | 21 | | | | | | | | | | | | |
| 3 | 6 | 8 | 22 | | | | | | | | | | | | |
| | 7 | 9 | 23 | | | | | | | | | | | | |
| | 8 | | | | | | | | | | | | | | |
| | 9 | | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | | |
| 4 | 11 | | | | | | | | | | | | | | |
| 6 | 12 | | | | | | | | | | | | | | |
| 6 | 13 | | | | | | | | | | | | | | |
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| | 16 | | | | | | | | | | | | | | |

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| | | Total Claims Allowed: | |
| | | 9 | |
| (Assistant Examiner) /CHARLES SHEDRICK/ Examiner, Art Unit 2617 | (Date) 09/20/10 | O.G. Print Claim(s) | O.G. Print Figure |
| (Primary Examiner) | (Date) | 1 | 1 |